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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number 09/889,203 |
| | | Filing Date January 6, 2000 (Int'l) |
| | | First Named Inventor Tracey J. BROWN |
| | | Art Unit 1613 |
| | | Examiner Name B. Fubara |
| Total Number of Pages in This Submission | 29 + 14 references | Attorney Docket Number 229752005700 |

ENCLOSURES (*Check all that apply*)

| | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply – 22 pages | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request – 1 page | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | <i>Form PTO/SB/08A/B – 2 pages 14 References</i> |
| <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) – 3 pages | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP (Customer No. 25226) | | |
| Signature | /Kimberly A. Bolin/ | | |
| Printed name | Kimberly A. Bolin | | |
| Date | September 16, 2010 | Reg. No. | 44,546 |